

BEST AVAILABLE COPY

Winston Avarado
National Stage Processing
Paralegal Specialist
(703) 305-6421

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/485408	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16			/	/			
17			/	/			
18			/	/			
19			/	/			
20			/	/			
21			/	/			
22			/	/			
23			/	/			
24			/	/			
25			/	/			
26			/	/			
27			/	/			
28			/	/			
29			/	/			
30			/	/			
31			/	/			
32			/	/			
33			/	/			
34			/	/			
35			/	/			
36			/	/			
37			/	/			
38			/	/			
39			/	/			
40			/	/			
41			/	/			
42			/	/			
43			/	/			
44			/	/			
45			/	/			
46			/	/			
47			/	/			
48			/	/			
49			/	/			
50			/	/			
TOTAL IND.	1		3				
TOTAL DEP.	10		10				
TOTAL CLAIMS	13	13					

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			